

CONTRACT FILES

REF 68X

68X

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT					1. PAGE 1 OF 3																					
2. PROC INSTRUMENT ID NO. (PIN) F33657-95-D-2966		3. SPIIN 000501	4. EFFECTIVE DATE 16 SEP 1997	5. REQUISITION/PURCHASE REQUEST PROJECT NUMBER 5517/RAP	6. BDC/DMS RATING																					
7. ISSUED BY USAFAFMC ASC/CDS, BLDG 11A 1970 MONAHAN WAY, RM 136 WRIGHT-PATTERSON AFB OH 45433-7208 BUYER: 2LT JEFF PHILLIPS, ASC/CDSK (937) 255-5411			8. ADMINISTERED BY (If other than Block 7) CODE S3605A DCMAO DAYTON GENTILE STATION 1001 HAMILTON STREET DAYTON OH 45444-5300																							
9. CONTRACTOR CODE 5R191 FACILITY CODE 9J721 NAME AND ADDRESS MANAGEMENT CONSULTING & RESEARCH 1505 FARM CREDIT DRIVE SUITE 300 MCLEAN VA 22102				10. SECURITY CLASSIFICATION U																						
MAILING DATES SEP 16 1997				11. DISCOUNT FOR PROMPT PAYMENT																						
				<table border="0" style="width:100%;"> <tr> <td colspan="3"></td> <td style="text-align: right;">NET</td> <td style="text-align: center;">D</td> </tr> <tr> <td>1</td> <td>%</td> <td>DAYS</td> <td></td> <td style="text-align: center;">A</td> </tr> <tr> <td>2</td> <td>%</td> <td>DAYS</td> <td></td> <td style="text-align: center;">Y</td> </tr> <tr> <td>3</td> <td>%</td> <td>DAYS</td> <td></td> <td style="text-align: center;">S</td> </tr> </table>						NET	D	1	%	DAYS		A	2	%	DAYS		Y	3	%	DAYS		S
							NET	D																		
1	%	DAYS		A																						
2	%	DAYS		Y																						
3	%	DAYS		S																						
12. PURCHASE OFFICE POINT OF CONTACT AYK/A8U/ANC																										
13. THIS BLOCK APPLIES ONLY TO AMENDMENTS OF SOLICITATIONS																										
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Block 17. The hour and date specified for receipt of <input type="checkbox"/> IS EXTENDED <input type="checkbox"/> IS NOT <small>Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation, or as amended by one of the following methods: (a) By signing and returning _____ copies of this amendment; (b) by acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE ISSUING OFFICE PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER if by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter provided such telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.</small>																										
14. THIS BLOCK APPLIES ONLY TO MODIFICATIONS OF CONTRACTS																										
<input type="checkbox"/> THIS CHANGE IS ISSUED PURSUANT TO THE CHANGE SET FORTH HEREIN ARE MADE TO THE ABOVE NUMBERED <input type="checkbox"/> THE ABOVE NUMBERED CONTRACT IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (Such as changes in paying office, appropriation data, etc.) SET FORTH HEREIN. <input checked="" type="checkbox"/> THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF <u>FAR Clause 52.243-3 "Changes" & H-013 "Orders"</u> IT MODIFIES THE ABOVE NUMBERED CONTRACT AS SET FORTH <input type="checkbox"/> THIS MODIFICATION IS ISSUED PURSUANT TO _____																										
15. CONTRACT ADMINISTRATION DATA																										
<table border="0" style="width:100%;"> <tr> <td>A. KIND OF MOD</td> <td>B. MOD ABST RECIPIENT ADP PT</td> <td>C. DATE OF SIGNATURE</td> <td>D. CHANGE IN CONTRACT AMOUNT <input type="checkbox"/> INCREASE (+) <input type="checkbox"/> DECREASE (-)</td> <td>E. LOSING PO/CAO ON TRANSFER</td> <td>F. GAINING POC/CAO ON TRANSFER</td> <td>G. SVC/AGENCY USE</td> </tr> <tr> <td><u>C</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							A. KIND OF MOD	B. MOD ABST RECIPIENT ADP PT	C. DATE OF SIGNATURE	D. CHANGE IN CONTRACT AMOUNT <input type="checkbox"/> INCREASE (+) <input type="checkbox"/> DECREASE (-)	E. LOSING PO/CAO ON TRANSFER	F. GAINING POC/CAO ON TRANSFER	G. SVC/AGENCY USE	<u>C</u>												
A. KIND OF MOD	B. MOD ABST RECIPIENT ADP PT	C. DATE OF SIGNATURE	D. CHANGE IN CONTRACT AMOUNT <input type="checkbox"/> INCREASE (+) <input type="checkbox"/> DECREASE (-)	E. LOSING PO/CAO ON TRANSFER	F. GAINING POC/CAO ON TRANSFER	G. SVC/AGENCY USE																				
<u>C</u>																										
16. ENTER ANY APPLICABLE CHANGES																										
<table border="0" style="width:100%;"> <tr> <td>A. PAY CODE</td> <td>B. EFFECTIVE DATE OF AWARD</td> <td>C. CONTRACT (1) TYPE (2) KIND</td> <td>D. TYPE CONTRACTOR</td> <td>E. SURV CRIT</td> <td>F. SPL CONTR PROVISIONS</td> <td>G. PAYING OFC CODE</td> <td>H. DATE SIGNED</td> <td>I. SECURITY (1) CLAS (2) DATE OF DD 254</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							A. PAY CODE	B. EFFECTIVE DATE OF AWARD	C. CONTRACT (1) TYPE (2) KIND	D. TYPE CONTRACTOR	E. SURV CRIT	F. SPL CONTR PROVISIONS	G. PAYING OFC CODE	H. DATE SIGNED	I. SECURITY (1) CLAS (2) DATE OF DD 254											
A. PAY CODE	B. EFFECTIVE DATE OF AWARD	C. CONTRACT (1) TYPE (2) KIND	D. TYPE CONTRACTOR	E. SURV CRIT	F. SPL CONTR PROVISIONS	G. PAYING OFC CODE	H. DATE SIGNED	I. SECURITY (1) CLAS (2) DATE OF DD 254																		
17. REMARKS (Except as provided herein, all items and conditions of the contract, as heretofore changed, remain unchanged and in full force and effect.)																										
SUBJECT: TRANSFER OF FUNDS CHANGE IN PRICE: NONE CHANGE IN OBLIGATION: NONE																										
18. <input type="checkbox"/> CONTRACTOR/OFFEROR IS NOT REQUIRED TO SIGN THIS DOCUMENT <input checked="" type="checkbox"/> CONTRACTOR/OFFEROR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _____ COPIES TO ISSUING OFFICE																										
19. CONTRACTOR/OFFEROR (Signature of person authorized to sign) BY: <i>M. J. Huggins</i>				22. UNITED STATES OF AMERICA (Signature of Contracting Officer) BY: <i>Margaret Yarrington</i>																						
20. NAME/TITLE OF SIGNER (Type or Print) <i>M. J. Huggins Contract Manager</i>		21. DATE SIGNED <i>9 Sept 97</i>		23. NAME OF CONTRACTING OFFICE (Type or Print) <i>MARGARET YARRINGTON Contracting Officer</i>		24. DATE SIGNED <i>15 SEP 1997</i>																				

AFMC FORM 702, JUL 92 (EF-V3) (FormFlow)

REPLACES AFSC FORM 702, AUG 84 WHICH IS OBSOLETE

1. In accordance with the provisions of the basic contract, F33657-95-D-2966, Special Contract Requirement H-013 titled "Orders", and FAR 52.243-3 titled "Changes - Time-and-Materials or Labor-Hours" Task Order 0005 is modified to transfer funds. This order is fully funded.

2. As a result of paragraph 1 above, the task order 0005 is modified as follows:

SECTION B

<u>Item No</u>	<u>Supplies/Services</u>	<u>Quantity</u> <u>Purch Unit</u>	<u>Unit Price</u> <u>Total Item Amount</u>
0001	CLIN Change noun: SPECIALIZED COMPTROLLER FUNCTIONAL SUPPORT acrn: AA pr/mipr data: F666FM6253-0100	sec class: U	\$147,094.14 \$16,219.20+
<u>descriptive data:</u>			
A. The contractor shall provide support in accordance with the Statement of Work attached to basic order 0005.			
B. Funds in the amount of \$16,161.20 from CLIN 0005 and \$58.00 from CLIN 0003, a total amount of \$16,219.20, are transferred to CLIN 0001. This CLIN is fully funded.			
0003	CLIN Change noun: MATERIALS acrn: AA pr/mipr data: F666FM6253-0100+	sec class: U	\$ 45.84 \$ 58.00-
<u>descriptive data:</u>			
A. The contractor shall provide materials in accordance with item 0001 of the basic order.			
B. Funds in the amount of \$58.00 are transferred from CLIN 0003 to CLIN 0001. This CLIN is fully funded.			
0005	CLIN Change noun: TRAVEL AND COMPUTER SERVICES acrn: AA pr/mipr data: F666FM6253-0100	sec class: U	\$ 2,860.00 \$ 16,161.20-
<u>descriptive data:</u>			
A. The contractor shall provide support in accordance with the Statement of Work attached to basic order 0001.			
B. Funds in the amount of \$16,161.20 are transferred from CLIN 0005 to CLIN 0001. This CLIN is fully funded.			

d. SECTION G

		Appropriation/Lmt Subhead/CPN Recip DODAAD			Obligation
ACRN	Acct Class data	<u>Supplemental Accounting Classification</u>			<u>Amount</u>
AA	ACCOUNT CHANGE				
	UNCLASSIFIED	5763400		F03000	\$0.00
		306 4762 420108 040000 592TL 72806F 503000			
	pr/mipr data:				
	F666FM6253-0100				

descriptive data:
The fund cite appears as follows on the PR:

5763400 306 4762 420108 04 592TL 503000 F03000

Summary for Payment Office

e. SECTION I

- In accordance with FAR Clause 52.232.20, "Limitation of Cost", the estimated cost for CLIN 0005 is \$2,860.00. This item is fully funded.
3. All other contract terms and conditions remain unchanged and in full force and effect as a result of this modification.
4. This Supplemental Agreement constitutes a full and equitable adjustment and the contractor releases the government from any and all liability under the contract for further equitable adjustments arising out of or in connection with the changes effected hereby.